

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼

2831 Lone Oak Road

☐ Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer

Laxmaiah Manchikanti MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2014 To: M M / D D / Y Y Y Y 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		337435.46
(b) Cash on Hand at Beginning of Reporting Period.....	303757.63	
(c) Total Receipts (from Line 19)	11340.39	135585.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	315098.02	473020.87
7. Total Disbursements (from Line 31)	8108.49	166031.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	306989.53	306989.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 08 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 08 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2198.29

103021.88

(ii) Unitemized

0.00

1208.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2198.29

104230.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2198.29

104230.55

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

4250.00

5250.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

4892.10

26104.86

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

11340.39

135585.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11340.39

135585.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	108.49	7509.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	108.49	7509.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	152500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	6021.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8108.49	166031.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8108.49	166031.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2198.29	104230.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2198.29	104230.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	108.49	7509.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	108.49	7509.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Donald Adams MD

Mailing Address 1616 S. Kelly Ave.

City State Zip Code
Edmond OK 73013

FEC ID number of contributing federal political committee.

C

Name of Employer
Osso Healthcare Network

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11AI.11280

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Epter MD

Mailing Address P.O. Box 211839

City State Zip Code
Augusta GA 30917

FEC ID number of contributing federal political committee.

C

Name of Employer
Augusta Pain Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11AI.11283

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Fairbanks MD

Mailing Address 107 Frton St. Ste 2134

City State Zip Code
Vidalia LA 71273

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11AI.11281

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Paul Hubbell MD

Mailing Address 236 W. Livingston Place

City State Zip Code
Metairie LA 70005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.32

Date of Receipt

08 / 28 / 2014

Transaction ID : SA11AI.11282

Amount of Each Receipt this Period

416.67

Contribution

Full Name (Last, First, Middle Initial)

B. Gregory Lawler MD

Mailing Address 37 W. Century Road

City State Zip Code
Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bergen Pain management PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2014

Transaction ID : SA11AI.11294

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.11

Date of Receipt

08 / 28 / 2014

Transaction ID : SA11AI.11284

Amount of Each Receipt this Period

166.62

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.29

2198.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21213.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : SA17.11286

Amount of Each Receipt this Period

0.67

interest earned

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21396.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : SA17.11289

Amount of Each Receipt this Period

183.53

dividends earned

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26104.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : SA17.11290

Amount of Each Receipt this Period

4707.90

Change in investment

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4892.10

4892.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 11
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City State Zip Code
Richmond VA 23226

FEC ID number of contributing
federal political committee.

C C00355461

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA16.11291

Amount of Each Receipt this Period

4250.00

General 2014 contribution refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

4250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2014

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Payment for credit card fees

Candidate Name

Category/
Type**Transaction ID : SB21B.11285**

Amount of Each Disbursement this Period

108.49

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

108.49

108.49
